



<b>GOVERNOR'S ALASKA COUNCIL ON EMS AWARD NOMINATION FORM</b>
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<b>Award:</b>	
<b>Name of Nominator:</b>	<b>Nominator's EMS Service, if applicable:</b>
<b>Mailing Address:</b>	<b>Work Telephone:</b>
	<b>Home Telephone:</b>
	<b>E-mail Address:</b>
<b>Relationship, if any, to Nominee (eg., personal, financial, employment):</b>	
<b>Name of Award Nominee:</b>	<b>Nominee's EMS Service, if applicable:</b>
<b>Mailing Address:</b>	<b>Work Telephone:</b>
	<b>Home Telephone:</b>
	<b>E-mail Address:</b>
<b>Reasons for nomination and how Nominee meets the Award criteria (use continuation page if needed):</b>	
<div style="display: flex; justify-content: space-between;"> <span><b>Signature of Nominator:</b></span> <span><b>Date:</b></span> </div>	

**Continuation page:**